

Feb 03 21, 04:26p

Rainge Family Dental, PC

706-790-0762

p.1

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

FOCI Destination Management, Inc.®

dba

FOCI Rides 4 You™

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2021 - 56 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Tammye' M. LeeTelephone: 888-316-3624Address: 2137 Lumpkin Road

Fax: \_\_\_\_\_

Suite A

Other: \_\_\_\_\_

Augusta, GA 30906Email: li@focidestination.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Application - Class C Taxi☐ Application - Class C Charter☐ Application - Class C Charter Bus☒ Application - Class C Non-Emergency☐ Application - Class C Stretcher Van☐ Application - Class E Household Goods☐ Application - Class E Hazardous Waste☐ Application☐ Request for Extension to Comply with Order☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Request for Cancellation of Certificate☐ Request for Suspension☐ Request for Reinstatement☐ Request for Name Change on Certificate☐ Request to Amend Scope of Authority☐ Request to Amend Tariff (rate increase, etc.)☐ Request to Amend Passenger Limit☐ Request☐ Exhibit☐ Late-Filed Exhibit☐ Letter☐ Proposed Order☐ Publisher's Affidavit☐ Reservation Letter☐ Response☐ Return to Petition☐ Other: \_\_\_\_\_

RECEIVED  
FEB 17 2021  
PSCSC  
Clerks Office

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: 01/15/2021

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. FOCI Destination Management, Inc. dba FOCI Rides 4 You  
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

2137 Lumpkin Road Suite A Augusta, GA 30906

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

888-316-3624

Phone

Fax

li@focidestination.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship  
☐ Partnership - List names and address of all person having an interest in the business.  
☒ Corporation - List names and addresses of two principal officers.

Tammye' M. Lee - President

2137 Lumpkin Road

Augusta, GA 30906

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	153,000.00	Mortgage/Loan on Real Estate	0.00
Value of Motor Vehicles	0.00	Loans Owed on Motor Vehicles	0.00
Cash on Hand	10,000.00	Business/Other Loans Owed	0.00
Cash in Bank	500.00	Other Liabilities or Debts	0.00
Value of Other Assets and Equipment	\$13,604.00	Total Liabilities	0.00 ✓
Total Assets	177,104.00 ✓		

### INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

## PROPOSED RATES AND CHARGES FOR SERVICE

### Proposed Rates and Charges:

#### Weekday Business Hours:

Service: Non - emergency transportation:  
encounter/trip

Pickup Rate -  
\$11.25 + \$3.00 per mile

Service: Non-emergency transportation:  
wheelchair van

Pickup Rate -  
\$19.50 + \$3.25 per mile

#### Holidays:

Base Rate: \$30-\$65 + \$5-10 per mile

#### Weekend & Off Hours:

Non-emergency transportation:  
encounter/trip

Pickup Rate-  
\$14.50 + \$5.00 per mile

Service: Non-emergency transportation:  
wheelchair van

Pickup Rate -  
\$24.50 + \$5.25 per mile

**Requested Scope of Authority: Check all counties in which you are requesting permission to operate.**  
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |   |                                       |                                     |                                     |   |
|---|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee     | <input type="checkbox"/> Florence   | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda               |
| <input type="checkbox"/> Aiken                | <input type="checkbox"/> Chester      | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg          |
| <input type="checkbox"/> Allendale            | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter               |
| <input type="checkbox"/> Anderson             | <input type="checkbox"/> Clarendon    | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union                |
| <input type="checkbox"/> Bamberg              | <input type="checkbox"/> Colleton     | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg         |
| <input type="checkbox"/> Barnwell             | <input type="checkbox"/> Darlington   | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York                 |
| <input type="checkbox"/> Beaufort             | <input type="checkbox"/> Dillon       | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee     |   |
| <input type="checkbox"/> Berkeley             | <input type="checkbox"/> Dorchester   | <input type="checkbox"/> Kershaw    | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun              | <input type="checkbox"/> Edgefield    | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens    |   |
| <input type="checkbox"/> Charleston           | <input type="checkbox"/> Fairfield    | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Richland   |   |

## DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☐ 1-7 Passengers, including driver
- ☒ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT

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## INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

FOCI Destination Management, Inc.

Name of Applicant

2137 Lumpkin Road Suite A Augusta, GA 30906

Address of Applicant

**Amount of Premium:**

Liability Insurance \$ 11,398.00

The above quoted premium is for a term of 11 months.

**Minimum Limits** - Bodily injury and property damage limits will not be less than the following:

**Limits Quoted**

Liability Combined Each Occurance	\$ 1,000,000	\$1,5000,000
Medical Payments per Person	\$ 1,000	\$5,000

Progressive Commercial

Name of Insurance Company

P.O. Box 94739 Cleveland, OH 44101

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

**Exhibit Fit, Willing, and Able (FWA)**

FOCI Destination Management, Inc.

Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No



**Exhibit on Driver Qualifications**

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of of business within South Carolina.

☒ Yes☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No



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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

  
Applicant's Signature

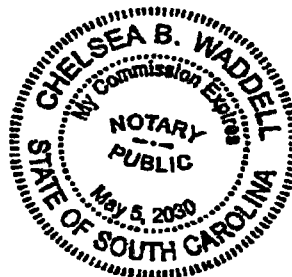
President  
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )  
COUNTY OF Aiken )

SWORN TO BEFORE ME  
This 3 day of February 20 21

Chelsea Waddell  
Notary Public

Commission Expires May 5, 2030



Print Application

# *The State of South Carolina*



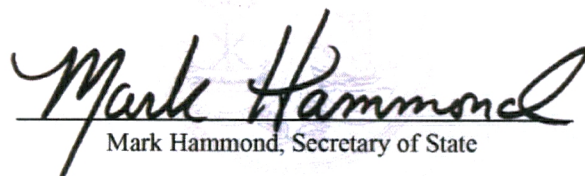
*Office of Secretary of State Mark Hammond*

## **Certificate of Authority**

**I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:**

FOCI Destination Management, Inc., a corporation duly organized under the laws of the state of Georgia and issued a certificate of authority to transact business in South Carolina on February 12th, 2021, has on the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that its authority to transact business in South Carolina is subject to being revoked pursuant to S.C. Code Ann. §33-15-310, and no application for surrender of authority to do business in South Carolina has been filed in this office as of the date hereof.

Given under my Hand and the Great Seal  
of the State of South Carolina this 12th day  
of February, 2021.

  
Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

Filing ID: 210212-1133478

Filing Date: 02/12/2021

Feb 12 2021  
REFERENCE ID: 708120

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE

  
SECRETARY OF STATE OF SOUTH CAROLINA

**A FOREIGN CORPORATION FOR A CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN THE STATE OF SOUTH CAROLINA**

Pursuant to Section 33-15-103 of the 1976 South Carolina Code of Laws, as amended, the undersigned corporation hereby applies for authority to transact business in the State of South Carolina, and for that purpose, hereby submits the following statement:

1. The name of the corporation is (see Sections 33-4-101 and 33-15-106 and Section 33-19-500 (b)(1) if the corporation is a professional corporation. (Must match corporation name on certificate of existence from domestic state)

FOCI Destination Management, Inc.

2. It is incorporated as (check applicable item) ☒ a general business corporation, ☐ a professional corporation under the laws of the state of Georgia

3. The date of its incorporation is 03/26/2018 and the period of its duration is No limit

4. The address of the principal office of the corporation is:  
2137 Lumpkin Road Suite A

(Street Address)

Augusta, Georgia 30906

(City, State, Zip Code)

5. The address of the proposed registered office in the state of South Carolina is:  
6650 Rivers Ave STE 100

(Street Address)

Charleston

South Carolina

29406

(City)

(Zip Code)

6. The name of the proposed registered agent in South Carolina at such address is

South Carolina Registered Agent LLC

(Print Name)

I hereby consent to the appointment as registered agent of the corporation

(Signature of the Registered Agent)

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

Feb 12 2021  
REFERENCE ID: 708120

  
SECRETARY OF STATE OF SOUTH CAROLINA

FOCI Destination Management, Inc.

Name of Corporation

7. The name and usual business address of the corporation's directors (if the corporation has no directors, then the name and address of the persons who are exercising the statutory authority of the directors on behalf of the corporation) and principal officers:

a.) Tammye Lee

(Director Name)

2137 Lumpkin Road Suite A

(Business Address)

Augusta, Georgia 30906

(City, State, Zip Code)

(Director Name)

(Business Address)

(City, State, Zip Code)

(Director Name)

(Business Address)

(City, State, Zip Code)

b.) Tammye Lee

(Principal Officer Name)

President

(Principal Officer Position)

2137 Lumpkin Road Suite A

(Address)

Augusta, Georgia 30906

(City, State, Zip Code)

(Principal Officer Name)

(Principal Officer Position)

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

Feb 12 2021  
REFERENCE ID: 708120

  
SECRETARY OF STATE OF SOUTH CAROLINA

FOCI Destination Management, Inc.

Name of Corporation

(Address)

(City, State, Zip Code)

(Principal Officer Name)

(Principal Officer Position)

(Address)

(City, State, Zip Code)

8. The aggregate number of shares which the corporation has authority to issue, itemized by classes and series, if any, within a class: (if no shares are issued please enter "none")

Class of Shares (and Series, if any)	Authorized Number of Each Class (and Series)
Closed	1000

9. Unless a delayed date is specified, this application shall be effective when accepted for filing by the Secretary of State  
(See Section 33-1-230): \_\_\_\_\_

Date: 02/12/2021

Name of Corporation:

FOCI Destination Management, Inc.

Tammye Lee

Signature of Officer

Tammye Lee

Type or Print Name

President

Position of Officer

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

Control Number : 18043385

Feb 12 2021  
REFERENCE ID: 708120

  
SECRETARY OF STATE OF SOUTH CAROLINA

# STATE OF GEORGIA

## Secretary of State

Corporations Division  
313 West Tower  
2 Martin Luther King, Jr. Dr.  
Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**FOCI DESTINATION MANAGEMENT, INC.**  
a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 20242232  
Date Inc/Auth/Filed: 03/26/2018  
Jurisdiction : Georgia  
Print Date : 02/11/2021  
Form Number : 211





Brad Raffensperger  
Secretary of State

Progressive  
P.O. Box 94739  
Cleveland, OH 44101

**PROGRESSIVE**  
COMMERCIAL

FOCI DESTINANTION  
MANAGEMENT INC  
2137 LUMPKIN RD #A  
AUGUSTA, GA 30906

Underwritten by  
Progressive Mountain Insurance Co  
February 1, 2021  
Policy Period: Feb 10, 2021 - Feb 10, 2022  
Page 1 of 4

Customer Phone number: 1-706-495-6138

## Commercial Auto Insurance Quote

Dear FOCI DESTINANTION,  
Thank you for your interest in Progressive.

We're excited about the opportunity to work with you. Below you'll find a quote that's custom-designed around your needs. Our goal is to give you the best and most competitively priced coverage for your business.

### What you get

You get affordable rates, savings opportunities around safe driving and business experience, and nationally recognized claims service that keeps you and your business on the road. Most importantly, you get the peace of mind that comes with Progressive's responsive, comprehensive approach to customer service.

By becoming a Progressive customer, you join a confident group of business owners who expect the most from their insurance company. You're important to us. That's why we're here for you 24 hours a day, seven days a week. Whether you need to update your policy, report or check the status of a claim, or simply ask a question, call us. Our number is 1-888-814-6494, or you can visit us at [progressivecommercial.com](http://progressivecommercial.com).

### How you get it

If you're comfortable with your quote, please call us any time at 1-888-814-6494 to purchase your policy. And thank you again for thinking of us. We hope we can serve you and your commercial auto needs.

### Policy information

Business type: Passenger Transportation (For Hire)  
Sub business type: Black Car Services



**Quote for 12 month policy period**

If you pay your premium in full, you will receive a discount as shown.

Total policy premium	\$11,398.00
Paid in full discount	-1554.00
Policy premium if paid in full	\$9,844.00

**Payment plans**

Payment Method: 10 Payments

**Electronic Funds Transfer (EFT)** assures that your payment is on time. Each payment includes a \$3.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
<del>11 Payments, 9.09% Down</del>	<del>\$11,398.00</del>	<del>\$1,081.54</del>	<del>10 payments of \$1,034.65</del>
<del>10 Payments, 10.0% Down</del>	<del>\$11,398.00</del>	<del>\$1,184.80</del>	<del>9 payments of \$1,137.80</del>
<del>11 Payments, 12.5% Down</del>	<del>\$11,398.00</del>	<del>\$1,468.50</del>	<del>10 payments of \$995.95</del>
<del>11 Payments, 16.67% Down</del>	<del>\$11,398.00</del>	<del>\$1,941.72</del>	<del>10 payments of \$948.63</del>
10 Payments, 20.0% Down	\$11,398.00	\$2,319.60	9 payments of \$1,011.72
6 Pay, Seasonal, 20.0% Down	\$11,398.00	\$2,319.60	5 payments of \$1,818.68
10 Payments, 25.0% Down	\$11,398.00	\$2,887.00	9 payments of \$948.67
4 Pay, Seasonal, 25.0% Down	\$11,398.00	\$2,887.00	3 payments of \$2,840.00
3 Pay, Quarterly, 40.0% Down	\$11,398.00	\$4,589.20	2 payments of \$3,407.40

**Make payments by mail** or at [progressivecommercial.com](http://progressivecommercial.com). Each payment includes a \$6.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
<del>11 Payments, 9.09% Down</del>	<del>\$11,398.00</del>	<del>\$1,081.54</del>	<del>10 payments of \$1,037.65</del>
<del>10 Payments, 10.0% Down</del>	<del>\$11,398.00</del>	<del>\$1,184.80</del>	<del>9 payments of \$1,140.80</del>
<del>11 Payments, 12.5% Down</del>	<del>\$11,398.00</del>	<del>\$1,468.50</del>	<del>10 payments of \$998.95</del>
<del>11 Payments, 16.67% Down</del>	<del>\$11,398.00</del>	<del>\$1,941.72</del>	<del>10 payments of \$951.63</del>
10 Payments, 20.0% Down	\$11,398.00	\$2,319.60	9 payments of \$1,014.72
6 Pay, Seasonal, 20.0% Down	\$11,398.00	\$2,319.60	5 payments of \$1,821.68
10 Payments, 25.0% Down	\$11,398.00	\$2,887.00	9 payments of \$951.67
4 Pay, Seasonal, 25.0% Down	\$11,398.00	\$2,887.00	3 payments of \$2,843.00
4 Pay, Quarterly, 25.0% Down	\$11,398.00	\$2,887.00	3 payments of \$2,843.00
3 Pay, Quarterly, 40.0% Down	\$11,398.00	\$4,589.20	2 payments of \$3,410.40
2 Payments, 50.0% Down	\$11,398.00	\$5,724.00	1 payment of \$5,680.00
1 Payment	\$9,844.00	\$9,844.00	None
OPF	\$11,398.00	\$11,398.00	None

**To purchase insurance**

Please review the information on your quote for accuracy; incomplete and inaccurate information could affect your rate. These rates are subject to verification of information. If you have any questions or would like to purchase a Progressive policy, please call Progressive at **1-800-895-2886**. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

**Rated drivers**

Failure to accurately and completely report all driver information may result in premium differences and service delays.

Name	Marital status	Points	Additional information
TAMMYE LEE		0	
HENDERSON LEE		0	
LOUVENIA RAINGE		0	

**Outline of coverage**

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle.

Description	Limits	Deductible	Premium
Liability To Others			\$7,586
Bodily Injury and Property Damage Liability	\$1,500,000 combined single limit		
Uninsured/Underinsured Motorist - Added On			972
Bodily Injury and Property Damage	\$100,000 combined single limit		
Deductible Applies To Property Damage		\$250	
Medical Payments	\$5,000 each person		476
Comprehensive			830
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			1,484
See Auto Coverage Schedule	Limit of liability less deductible		
<b>Subtotal policy premium</b>			<b>\$11,348</b>
Other Filing Fee			50
<b>Total 12 month policy premium and fees</b>			<b>\$11,398</b>

**Auto coverage schedule**

1. **2016 MERCEDES-BENZ SPRINTER 2500** Stated Amount: \* \$56,000 (including Permanently Attached Equip)  
VIN: **WDZPE7CD9GP211593** Garaging Zip Code: 30906 Territory: 16 Radius: Unlimited miles  
Personal use: N Body type: Passenger Van Use class: J

Liability Premium	Liability	UM/UIM-Add	UMPD-Add	Med Pay	
	\$3813	\$256	\$230	\$238	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$2,500	\$415	\$2,500	\$742	<b>\$5,694</b>

2. **2016 MERCEDES-BENZ SPRINTER 2500** Stated Amount: \* \$56,000 (including Permanently Attached Equip)  
VIN: **WDZPE7CD9GP215950** Garaging Zip Code: 30906 Territory: 16 Radius: Unlimited miles  
Personal use: N Body type: Passenger Van Use class: J

Liability Premium	Liability	UM/UIM-Add	UMPD-Add	Med Pay	
	\$3773	\$256	\$230	\$238	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$2,500	\$415	\$2,500	\$742	<b>\$5,654</b>

\*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

FOCI DESTINANTION  
MANAGEMENT INC  
Page 4 of 4

Please review all the information on your quote for accuracy. Incomplete or inaccurate information could alter your rate, and rates are subject to verification. If you have any questions, please call us at 1-888-814-6494.

Form QTE (05/08)



## *The Public Service Commission State of South Carolina*

### COMMISSIONERS

Justin T. Williams, Sixth District

*Chairman*

Florence P. Belser, Second District

*Vice Chair*

Carolyn L. "Carolee" Williams, First District

Stephen M. "Mike" Caston, Third District

Thomas J. "Tom" Ervin, Fourth District

Headen B. Thomas, Fifth District

Delton W. Powers, Jr., Seventh District

### Clerk's Office

Phone: (803) 896-5100

Fax: (803) 896-5199

Jocelyn Boyd  
Chief Clerk/Executive Director  
Phone: (803) 896-5100  
Fax: (803) 896-5246

February 11, 2021

Tammye' M. Lee  
FOCI Destination Management, Inc. d/b/a  
FOCI Rides 4 You  
2137 Lumpkin Road, Suite A  
Augusta, GA 30906  
li@focidestination.com

Ms. Lee:

I am returning your application for Class C (Non-Emergency) Certificate (via e-mail) for the following reasons:

**Page 1** – Please attach a copy of the Certificate of Authorization to Operate as a Foreign Entity in South Carolina issued by the South Carolina Secretary of State's Office. Also, please add the "d/b/a" name if you will be operating as the name "d/b/a" FOCI Rides 4 You on Page 1.

**Page 5** (Insurance Quote) – The quote must be completed and signed by the insurance agent. If you get a quote online, print off the quote and attach to the form. Make sure that the premium and amount of coverage is listed on the form. **Paperwork from your agent supporting the quote must be attached also.**

If you have any questions relative to this application, please call the Commission at (803) 896-5100.

Sincerely,

Janice Schmieding  
Clerk's Office

cc – Carole Chauvin, Office of Regulatory Staff (via e-mail)  
Jenna Sarrell, Office of Regulatory Staff (via e-mail)